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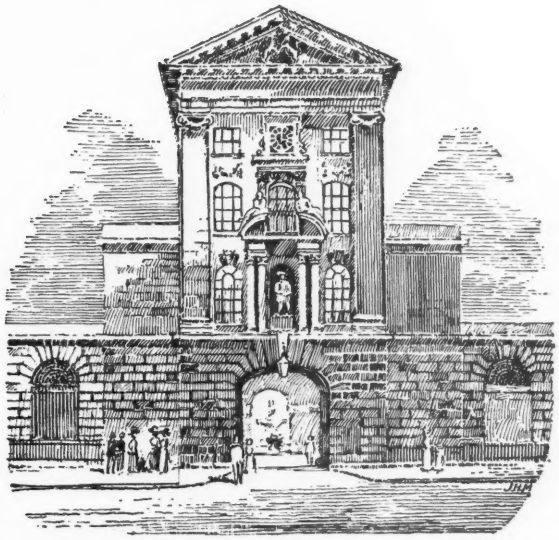
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXVII.—No. 11.] AUGUST 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Fri., Aug. 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Mon., .. 4.—**Bank Holiday.**
Tues., ,, 5.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 8.—Sir Percival Hartley and Sir Holburt Waring on duty.
Tues., ,, 12.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Fri., ,, 15.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Tues., ,, 19.—Dr. Gow and Mr. Harold Wilson on duty.
Last day for receiving matter for the September issue of the Journal.
Fri., ,, 22.—Prof. Fraser and Prof. Gask on duty.
Tues., ,, 26.—Sir Percival Hartley and Sir Holburt Waring on duty.
Fri., ,, 29.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.

EDITORIAL.

The New Surgical Block.

THE dedication and the formal opening of the new Surgical Block took place on Friday, July 4th. The ceremony, which was held in Paget Ward, was attended by a few guests of the Treasurer and the Governors. The Bishop of Chester, after dedicating the building, spoke of the long and intimate association of his family with the Hospital. Of his own father, Sir James Paget, he said that he, who had been brought up in the days of the old surgery, had been granted a Pisgah-sight of the kind of surgery that would be practised in this new building.

Lord Stanmore said that the new block represented the second stage in the reconstruction of the Hospital. The medical wards, now two hundred years old, would be dealt with next. The urgent needs of the moment were a radiological institute, extension of the maternity wards and a pavilion for paying patients. In his speech the Treasurer paid tribute especially to the work of Sir Holburt Waring, of Mr. Lodge, the architect, and of Mr. Alderman and Sheriff Neal.

The Lord Mayor, in declaring the building open, said that its completion marked a step forward in the scheme of reconstruction. The new surgical block disclosed the thoroughness with which the Governors, assisted by the medical staff and with the co-operation of the architect, had accomplished their task down to the last detail. The block, from the point of view of modern medical and surgical science, was as up-to-date as such a building could be. Money was still needed; but the bankers and merchants of the City, and its ancient guilds, whose history was so intimately associated with the history of the Hospital, would, he believed, see that it was forthcoming.

* * *

Tributes to the Memory of Sir Anthony Bowlby.

A portrait of Sir Anthony Bowlby has been presented to the Royal College of Surgeons by the Medical Staff of the Hospital. This portrait is a copy by Mr. Dornofield Hardy of the one painted by Sir William Llewellyn, which hangs in the Great Hall. The presentation to the President and the Council of the Royal College of Surgeons in session was made on behalf of the Staff by Mr. L. Bathe Rawling, who was accompanied by Marie, Lady Bowlby, Sir Anthony Bowlby, Bart., and Miss Bowlby. The picture has been hung in the Hall of the College. Underneath it has been placed the memorial tablet erected by the Medical Officers of the American Expeditionary Force, of which an account is printed elsewhere in this issue.

TWO MEDALS.

We congratulate Sir Wilmot P. Herringham and Dr. R. Hilton upon the distinctions recounted in the two ensuing paragraphs.

* * *

THE OSLER MEMORIAL MEDAL.

The Osler Memorial Medal for 1930 has been awarded to Sir Wilmot P. Herringham, K.C.M.G., C.B., D.M., F.R.C.P. This bronze medal is awarded every five years to the Oxford graduate who has, in the opinion of the Board of Awarders, made the most valuable contribution to the science, art, or literature of medicine, and who has not previously received the medal. The first award went in 1925 to Sir Archibald Garrod.

* * *

THE COPEMAN MEDAL.

The Master and Fellows of Corpus Christi College, Cambridge, have awarded the Copeman Medal for research in medical and biological sciences to Dr. R. Hilton. This is the first award of the medal presented by Dr. S. Monckton Copeman, F.R.S., formerly a scholar of the College. It was designed by Mr. T. H. Paget, and struck by the Royal Mint.

* * *

Congratulations to Mr. Bedford Russell on being appointed Surgeon for Diseases of the Throat and Nose, and to Dr. Geoffrey Bourne, who has been appointed Assistant Physician.

* * *

We announce, with apologies to Sir Harold Gillies, that our editorial note in the July number in regard to the honour (C.B.) conferred on him was incorrect.

* * *

The Inter-Hospital Cricket Cup has at last come back to us after a long absence of nearly a quarter of a century. Capper's magnificent 98, scored in spite of an injured back, formed a fitting climax to a very successful season. It is rumoured that he is to play for his county. We congratulate him and his men on their splendid achievement.

* * *

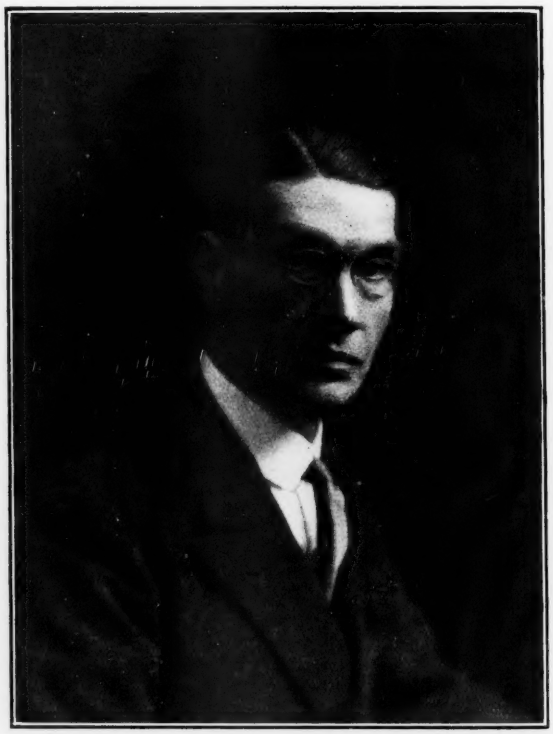
MR. FRANK ROSE.

Many of our readers will have been surprised to learn of Mr. Frank Rose's retirement from the post of Surgeon to the Throat and Nose Department.

It was characteristic of him that he should pass thus quietly and unostentatiously out of the active life of the Hospital, after thirty years of almost unbroken service.

Born in 1873, he came down to Bart.'s from Cambridge, qualified in 1899, and in 1900 was appointed House Surgeon to Sir Henry Butlin. In 1901 he was appointed Intern Midwifery Assistant.

After one year of resident appointments at the Metropolitan Hospital he returned to Bart.'s, and was, in 1904, appointed Assistant in the Throat and Nose Department.



MR. FRANK ROSE.

In 1907 he joined the Honorary Staff as Assistant Throat Surgeon, and in 1912 he was appointed Surgeon for Diseases of the Throat and Nose with Charge of Out-Patients, which post he held until 1929, when, on the retirement of Mr. Harmer, he became Surgeon to the Throat Department.

Thus he has played a prominent part in building up, from its modest beginnings, the very large and efficient Department which we know to-day.

As a teacher and clinician he will be remembered and respected by countless past and present students.

Essentially conservative, and indeed often rather

pessimistic in his outlook, he is never carried away by over-enthusiasm for novel and unproved methods of treatment.

On his operative technique we need not enlarge here —it is always a pleasure to see with what a gentle touch and with what infinite patience he does his work.

He has a keen sense of humour, which is often in evidence in the Operation Theatre.

How he delights to " pull the leg " of some more than usually irritating visitor—with only the faintest twinkle in the eye and an almost imperceptible raising of the eyebrows to betray him.

And how solemnly impressive he was when relating how his œsophagoscope had been lent to a general surgeon and returned bent !

But there was no vindictiveness in his nature, and it can truly be said that he was loved by all with whom he came in contact.

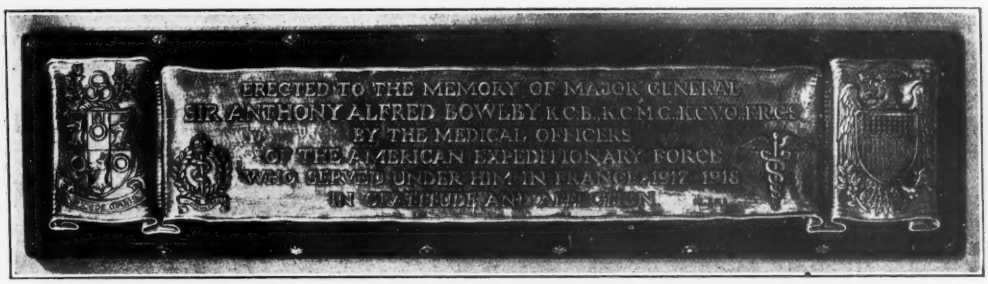
Apart from his work he has many and varied outside interests. He is an exceptionally fine golfer, and during the past few years has taken up ski-ing — no mean achievement for a man of his age.

In leaving us he will find time to fulfil the duties of his new post as President of the Laryngological Section of the Royal Society of Medicine.

We offer him our warmest congratulations on his election, and only hope that his new work will not prevent him visiting his many friends where he has laboured so long and faithfully.

" Sir Anthony Bowlby carved for himself a notable career. His father had died in tragic circumstances in China, leaving him a mere child ; but by dint of perseverance, native ability and character he made his way into the profession he came to adorn. As a young surgeon at St. Bartholomew's, by arduous study he acquired that clinico-pathological acumen and judgment that made him rank high among his professional fellows. His service in the South African War gave him the experience which led to the high position he held from the first with your Expeditionary Force in the late war. His knowledge of every detail of the army medical organization, unusual for a civilian, was distributed lavishly upon those of us who came unduly late into the struggle.

" But it is not of his capacity for work, his ability as an organizer, his instinctive good judgment of men and affairs that I would speak. Nor of his record as soldier, as citizen, or as surgeon—a one-time most worthy President of this College. It is not to recall these facts that we have asked the privilege of placing this modest tablet here. It is to recall something far more personal. It is to recall those rare qualities of unfailing cheerfulness, unfailing consideration of others, unfailing sympathy for the ill and the wounded, that made so great an impression on the American medical officers whose good fortune in being apportioned to the British forces in Flanders brought them in contact with him."


ERECTED TO THE MEMORY OF MAJOR GENERAL
SIR ANTHONY ALFRED BOWLBY K.C.B., K.C.M.G. K.C.V.O. F.R.C.S.
BY THE MEDICAL OFFICERS
OF THE AMERICAN EXPEDITIONARY FORCE
WHO SERVED UNDER HIM IN FRANCE 1917 1918
IN GRATITUDE AND

AN AMERICAN TRIBUTE TO SIR ANTHONY BOWLBY.

A MEMORIAL tablet to Sir Anthony Bowlby has been presented to the Royal College of Surgeons of England by the American medical officers who served under him in the war.

Dr. Harvey Cushing, Perpetual Student of St. Bartholomew's Hospital, when he unveiled the tablet at the College on Wednesday, July 9th, said :

The President of the College, Lord Moynihan, in a speech of characteristic charm accepted the tablet on behalf of the College. This ceremony formed an introduction to the delivery of Dr. Cushing's Lister Oration (*vide Lancet*, July 19th and 26th, 1930).

The tablet, of which we publish a photograph, was made by Omar Ramsden, the silversmith.

ST. BARTHOLOMEW'S FIFTY YEARS AGO.

Summer Sessional Address delivered to the Abernethian Society, Thursday, June 5, 1930.

By Sir ARCHIBALD GARROD, K.C.M.G., D.M., LL.D., F.R.S.,

Consulting Physician to St. Bartholomew's Hospital.

(*Concluded from p.* 182.)

Let me now try to describe to you another scene of fifty years ago, namely the old Surgery at 9.30 in the morning.

I visited the old Surgery the other day. It has outlived the activities of its youth, and enjoys a peaceful and dignified old age as the dining-hall of sisters and nurses. As I looked at it many memories passed through my mind, some pathetic and some even humorous. A poor blind old woman whose son had thrown a plate at her, and had cut open her scalp; a young woman fresh from a sermon by a popular preacher of that day, convinced that she was possessed by devils which yielded satisfactorily to the Faradic current. I recalled, too, my feelings when as a tired house physician on duty I was called from my bed at three in the morning to see a patient with tabes of the most chronic type.

The dimensions of the old Surgery were 90 ft. by 30, and in those days, before the Insurance Act, the number of casualty patients was very great.

A broad flight of steps led down to Smithfield, near the Martyrs' Memorial, and at the main entrance porters controlled the crowd which thronged the steps, admitting the patients one by one through doors held only slightly ajar, directing them to their places and giving a zinc ticket to each. In smaller rooms opening out of the Surgery, and in boxes, formed by fixed screens covered with American cloth, the medical officers coped with the crowd. On the medical side were two casualty physicians, helped, until ten o'clock, by the junior assistant physician. There were no assistant house physicians to share in the work. On the surgical side the patients, much fewer in number, were seen by the house surgeons and dressers, together with the junior assistant surgeon.

The scene has been graphically described by Robert Bridges in an article in the Hospital *Reports*, which you all should read. He wrote: "No description could do justice to the strange hubbub in which auscultation had to be carried on. The rattle of carts in the street, the hum of voices inside, the slamming of doors, the noise of people walking about, the coughings of all kinds, the crying of babies, the scraping of impatient feet, the stamping of cold ones, the clinking of bottles and zinc tickets; and after eleven o'clock, the hammering of and tinkering of the carpenters and blacksmiths who came not unfrequently at that hour to set things generally to rights." Add to this that the single wooden stethoscope was in general use, and it is not wonderful that beginners were often led astray by what we used to call "the surgery murmur."

The binaural stethoscope was regarded as an innovation and with suspicion. Those who had grown up in the use of the wooden one could naturally hear more with it, and their pupils were apt to follow their leaders. And indeed, the original binaural was a clumsy thing, consisting of two parts, for each of which a pocket was needed. The earpieces were drawn together by a spiral spring which had a murmur of *its* own, and the india-rubber tubes were covered with webbing, which had a murmur of *its* own. But the battle of the stethoscopes is a thing of the past, the binaural is in universal use, and let us not forget that it was a Bart.'s physician, Dr. Samuel West, who reduced it to its present handy form.

The casualty physicians, three in number, and each on duty four days in the week, were, as Bridges called them, "filtrators," who could only devote a minute or two to each patient, who sent a few into the wards, sent those who needed further investigation across to the out-patient room and treated the great majority with stock mixtures. These were obtained, on presentation of printed cards bearing mysterious initials, from a branch dispensary at the back of the Surgery, which was presided over by two or three nurses of the old school, wearing the old brown dresses, the chief of whom was a plump lady, of strong character, known as "The Fairy."

The work of the casualty physicians was hard, and on one Monday morning, at the women's end, I saw three hundred patients at a continuous sitting from 9 a.m. to 2 p.m. And yet the system worked somehow, and I can recall no serious mishap or complaint of the inefficiency of the method, except that of Robert Bridges. Yet I feel sure that each casualty physician, when his term of office ended, breathed a sigh of relief that he had gone through it unscathed, with no one seriously the worse, with the credit of the Hospital undamaged and his own career unwrecked.

Save as a training in quick facial diagnosis, the less useful because the diagnoses were for the most part unchecked, the experience gained was not of much value to the Casualty Physician. He could not feel any satisfaction in his job, but it was better than that of the Apothecary, his predecessor, who was in the habit of sorting the patients by telling all who had some particular complaint to stand up. Bridges gave some interesting estimates of the cost to the Hospital per patient. For example, the cost of providing 30,000 patients each with

a pint of that familiar mixture H.M.S. cum M.S. was £106 14*s.* 8*d.*, of which no less that £78 2*s.* 6d. was for the syrup of poppies with which it was coloured and flavoured.

The cost of Dr. Lauder Brunton's opinion in each case seen by him in the Surgery was estimated at one half-penny.

If you followed the patients to the out-patient rooms you would have found them small and inconvenient. They stood in the south-west portion of the Square, and their last vestiges are the foundations, now being demolished, of the former Dunn Laboratory building.

In those days when a medical out-patient clerk had finished his notes of a case the assistant physician went over it with him, and the method of demonstration which, if I remember right, had been in use for some time on the surgical side, was only introduced some years later, by Drs. Moore and West.

There was only one general operation theatre, the present No. 1, but now greatly changed, as surgery itself has changed, but the Listerian transformation was well on its way. Ovariotomies were performed only in the Martha Theatre. Naturally operations were very much fewer than now, and were restricted to a much narrower field. On a Wednesday on Saturday, the regular operating days, there might be three or four operations for such things as necrosis of bone, scirrhus mammæ, cleft palate, or perhaps a lithotomy.

In the new Medical School opened in 1879 there were, in addition to the museum and library, two laboratories occupying the first floor, one for physiology, and the smaller one, now the practical surgery-class room, for pathology. But in those days pathology was practically synonymous with morbid anatomy, and the laboratory was not used. In after years it became a seat of great activity as the first laboratory of clinical pathology established in any London Hospital. Practical physiology, as far as the student was concerned, was histology, and only later did he begin to do his own nerve-muscle experiments and the like. But the English students began to do such work for themselves, and not only to see demonstrations, long before their Continental brethren.

Botany lectures were part of the regular curriculum, and much time was devoted to materia medica, the recognition of cascarilla bark, dill seeds and the like. Greatly though the range of his work has been increased, the student of to-day has been relieved of some burdens.

The special departments were in an embryonic stage, and were, for the most part, carried on in the Surgery and its offshoots. Their housing, staffing and equipment and the scope of the subjects with which they deal have grown out of all knowledge.

No such department except the ophthalmic (which was well established with wards under two distinguished ophthalmic surgeons, Messrs. Henry Power and Bowater Vernon) was presided over by a specialist in the subject; indeed specialism in the profession at large had not developed to anything approaching the extent that it has to-day.

Even after Mr. Cumberbatch became Aural Surgeon the Ear Department had to carry on in an American cloth pen in the old Surgery.

There was, as yet, no Electrical Department, and the X-rays were not then discovered.

Adjacent to the Surgery, in the buildings which face Duke Street, were the Junior Staff Quarters, and beyond them the Warden's (now the Matron's) house and the residential College. The closing of the College owing to requirement of space for other purposes was a serious loss to the School. Students resident therein had many opportunities of seeing emergency operations and of gaining knowledge in various ways, because they were living on the spot.

I have tried to give you a picture of the Hospital when I entered it, and of those who constituted its Staff. But in order that you may form an adequate picture of that past time I must try to tell you how the outlooks on medicine and surgery, including their various branches, have altered.

It is hardly possible for anyone who has not lived through the last half century, and difficult enough for anyone who has, to realize the changes which it has brought about both in medicine and surgery. In 1880 two years had yet to pass before the discovery of the tubercle bacillus by Robert Koch—a discovery which marked the opening of a new era. That bacteria played important parts in connection with disease had been shown by Pasteur, and in consequence of Pasteur's discoveries Lister was able to carry out his own great work and to revolutionize surgery. But in the tubercle bacillus there was found a specific micro-organism responsible for one of the most fatal of human maladies, and in the course of his work Koch was able to lay the firm foundations of bacteriology and its methods. Picture to yourselves to-day a medicine without bacteriology, and a time when it was not known that tuberculosis is an infective disease. It is true that even to-day there are infectious maladies the micro-organisms of which are unknown, and a doubt is even finding voice whether the ultra-microscopic viruses are actually living organisms.

The effect of the coming of bacteriology has not merely been the recognition of the organisms associated with particular diseases, but also the conception that the clinical picture which we call an infective disease

represents the effort made by the body to defeat the invaders, and to neutralize their toxic products. Up to then the pathology of what are now known to be infective maladies was hidden behind a veil as opaque as that which still hides from us the nature of cancer of the leukæmias.

The pathogeny of malaria was equally obscure; the plasmodium was still undiscovered, and there was no idea of the *rôle* of the *anopheles*, nor of insect carriers of other diseases.

It follows that half a century ago we were without any of those aids to diagnosis or treatment which depend upon the work of the bacteriologists. There were no reports of cultures, and agglutination tests, like leucocyte counts, were to be unlooked for gifts of the future, as also were sera and vaccines.

Yet you must not imagine that the physicians of the time were so severely handicapped as might be supposed. They were highly trained in the refinements of physical examination of patients, and as in the case of the blind, their *tactus eruditus* may have been more erudite than ours. The enlargement of the spleen, upon which much stress was laid in cases of typhoid fever, appears to be unknown to many examination candidates to-day. I doubt if many cases of that disease slipped through their hands unrecognized, but naturally the paratyphoids, if they were then with us, were unrecognized.

The concepts of bacteriology and protozoology have become so interwoven with the fabric of modern medicine that it is difficult to picture a pathology in which they had no place. But lest any student of to-day should be puffed up by the knowledge which he has acquired, let him remember that the knowledge of one generation is largely due to the work of the preceding generation, and that the men who saw the light and followed it, who laid the firm foundations of the pathology of to-day—Pasteur, Lister, Koch, Laveran, Marchiafava, Manson and Ross—were living and working fifty years ago.

To turn to another immense revolution in thought which the past fifty years have seen, in 1880 the functions of the endocrine glands were quite unknown, although Addison had pointed the way years before, and Caleb Parry, Graves and Basedow had described the malady called by their names. There was a very general belief that the symptoms of Addison's disease were due rather to damage to the semilunar ganglia than to the adrenals, and the primary fault in exophthalmic goitre was laid at the door of the sympathetic system. There was no notion that myxœdema, which Gull had described, was due to thyroid defect. Think to what an extent modern medicine is permeated by the conception of the endocrine balance, of the shares taken by the various ductless glands in controlling the height and development of the human body, the phenomena of growth and puberty, and even the mental development! Think of what is now known of the mechanism of that control, of the hormones, some of which are now known as definite chemical compounds of ascertained composition, and have even been built up by synthesis!

This is an important part of that modern biochemistry which has proceeded very far from the spirit lamp, and a few test-tubes and reagents which were part of the equipment of every medical man. In 1880, beyond the common tests applied to urines in the wards the only chemical method in use was that for estimation of urea in urine, by the hypobromite method, using a simple form of apparatus devised in this Hospital by Russell and West. For estimation of sugar the fermentation test was commonly employed, roughly carried out in medicine bottles placed in the fender. All the methods of estimating chemical constituents in blood were as yet unknown, save the thread test for uric acid. Lumbar puncture and examination of cerebro-spinal fluid were much later developments.

It was almost thirty years later that the vitamins were discovered, and by that discovery light was let into another of the dark regions of pathology. It had long been suspected that scurvy was due to lack of something in the diet, potassium salts or what not, but the scope of the deficiency diseases has grown wider and wider, empirical findings have been explained, and the study of rickets has linked up the study of vitamins with that of the effects of light and ultra-violet rays upon the human tissues.

Certainly you would feel it a great loss to be deprived of the Röntgen rays, and all that they reveal both for the guidance of the physician and surgeon alike, but their discovery dates back only to 1895, and I well remember how we went to the Electrical Department to see for the first time the bones of the hand as seen with a screen, and a not very distinct radiogram of them. Radium of course was unknown, and even now treatment by radium, which promises so much, has hardly advanced beyond the empirical stage.

Perhaps before fifty more years have passed, it may be possible by applying a suitable ointment to render the abdominal wall transparent for the space of half an hour. Who knows!

The laryngoscope was in use in Vienna, and a group of keen students would club together and send to Vienna for a batch of instruments. It was little used in the wards and the Throat Department was in a preliminary stage, soon to advance rapidly under Butlin's direction. The ophthalmoscope was more widely used, but still rather to study diseases of the eye than as an instrument of medical diagnosis. A series of us younger men went

to Vienna for a time after qualification, and attended excellent classes on diseases of the throat, ear and eye which gave us opportunities of examining large numbers of illustrative cases.

It is only necessary to mention the immense advances of modern neurology, the ever-increasing accuracy of localization of lesions of the brain and cord; the recognition of the syphilitic origin of general paralysis and tabes, of the bacterial origins of the several forms of meningitis.

In cardiology, too, the whole outlook has changed. The physicians of 1880 were adepts in cardiac auscultation, as far as murmurs are concerned. But the importance of valvular disease was certainly over-estimated in those days, whereas little could be ascertained as to the state of the cardiac muscle. Cardiac irregularities had as yet yielded but little information, but it was known that an irregularity which was increased by exertion was much more serious than one which disappeared under exertion. The sphygmomanometer, the polygraph and of course the electro-cardiograph were all later developments. The sphygmograph, with its limited clinical value, was in use.

As to treatment, undoubtedly there was much greater reliance upon drugs, and stress was laid upon the construction of a good prescription, in good Latin. There were no tablet drugs in those days. Nursing was already on a high plane, more so in England than in any other country, but was I think, a less organized profession than it now is. It was already recognized how much the chances of the patient's recovery depended upon the skill and care of his nurses.

Massage and other methods of mechanical treatment were in their infancy.

All those plans of treatment which depend upon bacteriology, the use of sera, vaccines and the like were lacking, as also organotherapy dependent upon knowledge of the functions of the ductless glands.

It was not until 1893 that the present class-room for practical surgery was fitted up as a laboratory for clinical pathology—the first to be established in any London Hospital. In 1884 Sir Dyce Duckworth had for the first time appointed a research clerk on his firm, whose duty it was to apply some of the more modern tests, to make blood-counts and so on. His example had been followed in other firms, but it became evident that much more was needed. The new laboratory was placed under the care of A. A. Kanthack, a pathologist of genius, a man of magnetic personality, who became Professor of Pathology at Cambridge, and whose early death was a grave loss to that University and to Science. How under his direction and that of his successor Sir Frederick Andrewes the work there carried out developed, how it completely outgrew its quarters, and how the need was met by the erection of the present Pathological Block, will be common knowledge.

The work has grown to meet the growing need, and nowadays ward work without a laboratory of clinical pathology in association is not conceivable.

What can I say of Surgery? Of it I am not competent to speak, save as an onlooker. What would Sir William Savory have said of the splendid new Surgical Block? I am afraid he might have thought the precautions against sepsis, which are to us so essential, as unnecessary concessions to fads. But no; he was an able man, and had he lived till now he would long ago have been converted.

In 1880 Lister's methods, which had been in work in Edinburgh and Glasgow for years, were making slow and painful headway through a thicket of prejudice in London. Those were days in which some pus could still be called "laudable" presumably because less damnable than pus of other kinds. In this Hospital Mr. Willett was carrying out the full Listerian procedure, and operated in a haze of carbolic spray.

Those who did not go the whole way with Lister had already learnt much from his work, and were carrying out his principles in part. Aseptic as distinguished from antiseptic surgery was in incubation. This is all ancient history and fills us with wonder; but perhaps, if only we knew it, we are equally blind nowadays.

With the development of aseptic surgery came the immense enlargement of its scope. Regions which no pre-Listerian surgeon would have dared to touch are now freely accessible to operation. The number of theatres has steadily increased, and the operations performed in them have increased enormously. Large tracts of territory formerly allotted to the physician have been annexed by the surgeon.

The change of outlook in the whole field of medicine, surgery and gynæcology goes far deeper than the use of new methods of diagnosis, and new plans of treatment. Disease is no longer an enemy which the doctor has to fight, but one which the patient needs to fight, with such help as the doctor can give him. Yet it is obvious that if the attacker can be destroyed before it reaches its prospective victim the gain is immense. We realize that the patient is provided with means of protection far more subtle and efficacious than any ordinary drugs, but we, as his allies in the fight, can help him in many ways. However, we are also realizing that not all disease comes from without, and that the study, too much neglected of recent years, of the part played by the patient's constitution forms an essential part of the science and art of medicine.

Yet though so much has changed, much remains the

same. The close contact of student and patient throughout the second part of his course is one of the most valuable features of our London system.

It grew up from the system of apprenticeship, and in individual centres, and without the fostering care of a university, for there was no University of London until long after it had taken form. First the private schools of anatomy, then the coming of students as apprentices to the surgeons in the hospitals. Remember that the dresser is descended from the apprentice, and even in my student days, and after, each dresser paid a fee to the surgeon for whom he dressed, quite apart from the school fees. Later came the Hospital Anatomy School, and the appointment of lecturers on various subjects of the curriculum.

Thus came the plan of teaching in small groups at the bedside, by a number of physicians and surgeons. On the Continent the teaching is mainly in the hand of a few professors, *privat dozenten* and assistants. That system has its advantages, as also has the daily clinic at which selected cases are demonstrated by the professor. Osler sought to combine the best of both systems in the clinic which he constructed, *de novo*, at Johns Hopkins, and in London the Professorial Units at this and other hospitals work side by side with the original firms.

Also unchanged are the traditions of the Hospital and School, and what may be called their atmosphere. Every teaching body has its atmosphere, a mass of floating knowledge absorbed one knows not how—perhaps through the pores of the skin, and which is not often to be found in text-books, but a knowledge of which is assumed.

In the same way, in a special hospital everyone knows things which are not common knowledge in general ones. Other factors, too, go to make up the tradition of the place—the code which lays down how things should and should not be done.

Until I sat down to think out this address I did not realize fully the extent of the changes which fifty years have wrought; changes which have been evolved around those of us who have spent the best years of our lives in contact with this place. Every year, month and week has brought a little fresh knowledge, a little change of outlook, a little fresh adaptation to the needs of the times. Think of all those who have acquired here experience of which they have left no written record, but who, by their example and teaching, have helped to shape the minds of generations of students. In a place like this each one learns from many others, students from teachers and teachers from students.

Inevitably the same processes will continue at work in time to come: there will be new ideas, new discoveries and a new vocabulary. Perhaps in 1980 someone of you will stand where I do now, and tell to a generation yet unborn how many things we did not know in these *our days*.

PORT SANITATION.*

I CAN assert without fear of contradiction that this branch of the Public Health Services' activities is work of vast national importance, but one which has developed most unostentatiously. Hence a very vast majority are in complete ignorance of the existence of Port Sanitary Authorities, and details of the tremendous mechanism which guards the health of this country—night and day—at these "Gateways of Empire," our seaports.

It will be quite impossible for me with the short time at my disposal in opening this discussion to do more than touch on some of the more interesting of the manifold duties of a Port Sanitary Authority.

Their wide field embraces practically every sphere of public health work, and the examples to quote now, although referring to Plymouth in particular as regards detail, are typical of any port in the United Kingdom.

The Port.

Plymouth is visited by approximately seven million tons of shipping annually with a floating population of about half a million souls. About seven hundred of the three thousand ships comprising the above totals are liners which use Plymouth simply as a port of call.

Sanitary Inspection.

The remainder are subjected to periodical inspection whilst they are in dock with reference to their general hygiene and the crews' comfort by officers of the Authority.

The necessity for such protection is evidenced by the conditions discovered by our Inspector on a cargo steamer quite recently.

All members of the crew in the fo'c'sle had to suspend their food rations in tins from hooks in the deckhead to protect them from invasion by cockroaches, beetles and rats. In the same living quarters other receptacles

* An address by Dr. P. B. P. Mellows, Assistant Medical Officer of Health and Medical Inspector of Aliens, to a Sessional Congress of the Royal Sanitary Institute at Plymouth on April 5th, 1930. Reprinted by permission of the *Journal of the Royal Sanitary Institute*.

were dangling to collect water dripping through the leaky seams in the iron deck above.

Food.

Food of a wide variety is landed at this port from all over the world, including grain, canned goods, fruit, meat and vegetables. All is systematically inspected, and on an average the yearly condemnation is about 250 tons.

Oysters.

An interesting side-line of the Authority's work is the surveillance maintained over the local oyster fisheries. Oysters grow in the estuary of the Tamar in natural beds. This river, however, is grossly polluted by sewage. So those dredged are not sold to the public, but are purchased by the Yealm Oyster Fisheries for replanting in the comparatively pure waters of the River Yealm until fit and ready for sale.

Periodically, both when there is or is not an " R " in the month, we inspect the beds, dredging here and there, and send the samples so collected to the Worshipful Company of Fishmongers, London, and to the City Pathologist for analysis as to the *Bacillus coli* content and other contamination. Like a true martyr to science, however, I must confess that on occasion, at the manager's invitation, I have analyzed a few with my own gastric juices, and can honestly commend them to the whole epicurean world as worthy rivals to any " Whitstable " or " Colchester."

A series of bad summers and over-fishing have reduced the catch from 150,000 in 1926 to 47,000 last year.

Even higher mortality may be anticipated, as the drought of last summer caused the waters to fall and exposed the oysters in their beds to the scorching sun. Then the series of storms that closed the year resulted in a succession of bores running up the rivers causing a deposition of mud and sand on the oysters. So, presumably, unless the Tamar beds are rested for a few years or the Yealm Oyster Fisheries experiments of breeding and rearing their own oysters from spawn are successful, the industry may unfortunately die out.

In connection with these experiments, it is interesting to note that in 1927 some 5000 little oysters settled on the tiles in the tanks in the River Yealm, and have continued to flourish since.

In 1928, when the attempt was repeated, spawning female oysters were again placed in the tanks and presently the water was teeming with larval oysters swimming about vigorously, but nothing would induce them to settle on the limewashed tiles.

§

No further attempt was made here this year, although thickly spatted tiles were purchased from the Mussel Farm at Lympstone, Exmouth, and now 20,000 baby oysters from them, after careful nursing in the tanks, have been transferred to wire cages in the open river and are doing well.

Pollution of the Waters by Oil and Chemicals.

Pollution of water by media other than sewage also engages the attention of this Department.

Much has been written in the columns of the *Western Morning News* recently concerning the destruction of sea-bird life by oil pollution, whilst our investigations were set in motion again last summer by reason of complaints from bathers.

With a view to locating the possible source of contamination, bladders were floated on the waters entering the Sound at varying states of the tide and wind to detect the flow of constant and prevailing currents.

Other careful observations were also kept, and eventually it appeared that some local tar works were most suspect. Specimen samples of the water were taken in the immediate vicinity of the wharves and submitted to the Public Analyst for examination. He reported that the water was covered with a floating film of the oils of coal-tar. Further samples corroborated these findings, and actual photographs were taken showing fresh tar streaming from leaky barrels and drains into the Cattewater, which is at the mouth of the River Plym.

During the course of this investigation, reports were received of destructive contamination by certain other fluids. The mooring strops of sea-plane and yacht buoys, which ordinarily remain serviceable for a year, were found to be completely eroded at a depth of 3 ft. below the surface, in some instances at the end of only six weeks from the time of laying. Strict watch was kept at varying hours of the day, and it was found that periodically the chemical works in the Cattewater opened a sluice emitting a " turbid reddish fluid," which was occasionally a " dirty grey."

Specimens were taken below this sluice, and the Public Analyst reported the liquid to contain a comparatively high content of hydrofluosilicic acid and phosphoric acid, which are the waste products of a super-phosphates works. These findings were also corroborated and photographs taken.

The data discovered by the above-mentioned investigations was drawn up in the form of a report, and placed in the hands of this Corporation's legal advisers for their scrutiny and requisite action.

MEDICAL INSPECTION OF ALIENS.

Approximately 16,000 to 17,000 aliens land at this port during a year, all of whom are medically inspected. Many of them who fall into certain categories, such as those holding Ministry of Labour permits to take up employment here, or others purposing to remain in this country over three months, are submitted to more careful examination.

The class of passenger traffic entering Plymouth is first class for the most part, and the only aliens to whom we have to refuse entry into this country generally fall into one of three categories:

(*a*) The passenger of very limited means, who is suffering from some chronic ailment, such as valvular disease of the heart or rheumatoid arthritis, and is likely to require medical or institutional treatment, and being unable to afford this treatment, would consequently become chargeable to public funds.

(*b*) Those suffering from infectious or contagious complaints.

(*c*) The mentally unsound, irrespective of their social or financial status.

Those falling into the last category are not always readily observable. To quote one case alone. A young American, attempting to land from a certain ship, might have satisfied the Immigration Authorities, but for the fact that although it was five o'clock in the morning he sported an enormous sunflower in his button-hole. On further cross-examination his sexual ideas transpired to be as broad as his floral adornment, and his general intellect correspondingly meagre. He was a typical "dementia præcox," who would undoubtedly have been a source of considerable trouble in this country, so on being refused landing here, he had to be taken back to his own country at the expense of the steamship company which inadvertently brought him over.

CONTROL OF INFECTIOUS DISEASES.

The most important branch of a Port Sanitary Authority's duties, and to which I have not yet referred, is, of course, that of the control of infectious diseases; but this, like "deratization," is really a subject in itself.

All ships from foreign ports on arrival at Plymouth are boarded by one of the Port Medical Officers. Cases of sickness, or of death, are investigated there, and in the event of a definite or suspected case of infectious disease being discovered, action is taken appropriate to the particular disease.

When I tell you that last year 71 deaths and 636 cases of notifiable infectious disease occurred on the homeward voyages of ships entering this port, each one requiring exhaustive examination and attention, the magnitude of this task is readily apparent.

In practice one finds, unfortunately, that some servants of steamship companies think that by concealing certain cases of sickness from the Port Health Authorities they will be saving their companies potential trouble, forgetting that in reality by assisting the individual country they are benefiting their company, whether the former be that of the origin of the ship or only that of the port of call.

As an example, a certain giant transatlantic liner had a death on board just before entering Plymouth, and the surgeon expressed indignation when I desired to view the corpse. On further investigation, which necessitated the unscrewing of the coffin, the body was found to be covered with spots—a discovery which came as a surprise to the ship's doctor, who had apparently accepted the diagnosis of his sick bay steward concerning a steerage passenger. The spots were not indicative of smallpox, fortunately, but of miscellaneous vermin which were found in the deceased's bunk.

The possibility of smallpox gaining ingress to Great Britain is an omni-present danger, evidenced by the fact that during the last month alone four ships entered this port having put cases ashore suffering from this disease during their homeward voyages, and arrived here within the incubation period.

The present antiquated "pratique" law does not permit of putting a ship with "smallpox" in full quarantine, and the most one can do is to remove any actual cases of infection and place them in isolation, thoroughly examine the remainder of the crew and passengers, obtain correct names and addresses of passengers landing for communication to the medical officers of health of the places to which they are proceeding, to ensure their being kept under observation until the incubation period is up, offer the unvaccinated vaccination, and last, but not least, to ensure by the best means in one's power that only the barest minimum of officials and others board the ship, thus keeping down the range of contacts.

With such a leaky law as there is at present concerning this particular disease, there is no doubt that a repetition of the "Tuscania's" outbreak is inevitable, particularly with such an unpleasantly large percentage of the populace unvaccinated.

Apart from the misery and "panic" caused by the actual deaths and cases of disease in the last outbreak, the statisticians, I understand, have not yet worked out the vast financial loss which this country sustained by the breakdown of the continental traffic when we were put in quarantine by France, and such other factors.

The discussion of infectious diseases brings me to my last point, that bearing chiefly on the major exotic diseases—cholera, plague and yellow fever.

When one remembers that in 1849, 3360 cases of cholera occurred in Plymouth with 1900 deaths, one realizes how effectually that, and other horrible complaints, are now kept at bay by port sanitation.

What will be the position, however, in the rapidly approaching era of generalized air traffic, when every city such as this has a steady stream of flying-machines from all parts of the world descending every day at the municipal aerodrome, just as now ships enter the Sound?

A passenger from the plague-infected port of Lagos, West Africa, where fatal cases occur every week, will land after four days' travel—well within the incubation period of eight days.

Another from Rio de Janeiro, Brazil, where yellow fever was prevalent for so many months last year, with 66 cases and 38 deaths in one week alone, arrives in about four days—well within the six days' incubation period.

And to return to smallpox, someone from Bombay, where 198 cases and 116 deaths were officially reported only last week, lands after a passage of about a week, with still another week of incubation remaining unexpired.

There would seem to be only two alternatives, viz.:

(*a*) The erection of a quarantine station at, for instance, the air port of Roborough to accommodate suspects from infected ports until the particular incubation period has expired; which would mitigate, of course, the tremendous advantage accruing to air travel by reason of its time saving; or—

(*b*) By the individual receiving a bill of health at the air port stating "that he or she has not been in contact with any of the specific diseases enumerated within a stipulated period"; this is an ideal, of course, which would perhaps be rather difficult of achievement.

P. B. P. Mellows.

OVERHEARD NEAR THE BEDSIDE; OR, THE ADVANTAGES OF A CLASSICAL EDUCATION.

Student: What does euthanasia mean, sir?
Physician (*to next student*): Will you tell him?
Second Student: I have not heard of the disease, Sir.
Physician (*ditto*): Will you tell him?
Third Student: It is a sort of basal metabolism, Sir?
Physician (*ditto*): Ditto.
Fourth Student: Well, Sir, I don't think I remember the dose of it.
Physician (*ditto*): Ditto.
Fifth Student: Has it not to do with a feeling of well-being?
Physician (*ditto*): Ditto.
Sixth Student (*with emphasis*): It means a normal labour, Sir.

PRESENTATION TO E. W. HALLETT.

E. W. HALLETT, the dissecting rooms attendant, has rendered more than forty years' service to the Hospital, and is now leaving us to enjoy a well-earned rest. It was felt that both the present and past staff of the Anatomy Department would like to mark the occasion of his departure by some expression of their regard for him. A note to all those who had taught in the Department during Hallett's time brought from each a donation and a word of appreciation. Thus it was possible to make Hallett a farewell presentation of over forty guineas together with a more solid memento—a silver cigarette-case engraved with the words "St. Bartholomew's Hospital Anatomical Teachers to E. W. Hallett, 1890-1930," and, perhaps best of all, many letters from former teachers. The presentation was made on July 9th, 1930, by Dr. W. S. A. Griffith, supported by some twenty or more present and past members of the Staff. Dr. Griffith, who had taught in the Department first in 1880, expressed the feelings of all the Staff by telling Hallett that their unanimous support of this farewell presentation was the best testimony of their esteem for him, and their appreciation of his splendid service to the School. In fact Dr. Griffith declared that "a more faithful servant the Hospital never had." Sir Charles Gordon-Watson endorsed the remarks of Dr. Griffith.

Hallett replied with dignity and feeling, and in expressing his gratitude, remarked that he had embalmed nearly two thousand bodies and no student had ever had a septic finger. His interest in his work had indeed on occasion brought a protest from his wife, who felt that he placed his Hospital before her. He further remarked that he had always done his best, and with a rather shrewd thrust he reminded the present generation of teachers that the record obtained by Sir Charles Gordon-Watson and Mr. Rawling, namely a 100% pass list, still remains unequalled. In taking his leave Hallett generously offered his services if at any time the Hospital should need him.

When each one present had personally expressed his good wishes to Hallett for the future, the Hospital and its faithful servant parted.

ACKNOWLEDGMENTS.

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"GREEN PASTURES."

EARLY this year in New York there was produced a negro pageant called "Green Pastures," and in the minds of the audience there will remain for ever the memory of that subtle joy which comes from a triumph of artistic perfection.

"Green Pastures" is the story of the Old Testament seen through the eyes of a negro minister. The first scene shows a Sunday School, and the old teacher is reading out of the Bible to the pickaninnies. The level sunlight falls on his white curls and there is a musty atmosphere of stillness and of boredom that is at last broken by a cry from one of the children. The minister puts away the black book that is full of long words and dull names and he tells the class the story of the world as *he* believes it. It is a fantastic mixture of fact and fancy this naïve account of early history, but it is full of life and rings true. The scenes are sometimes laid in Heaven and sometimes on earth, as the continuity of the tale demands; and through it all we see the child-like faith and the august simplicity of the old negro priest. His character and his story are magnificently consistent.

The caste is entirely negro and the part of the Lord Jehovah is splendidly taken (with the sanction of his bishop) by a native clergyman. The first scene in Heaven shows the circumstances that led God to create man, and as the play progresses we see through the black priest's eyes the weaknesses and the failures of man and the impatient perseverance of God alike. Moses and Joshua become living men; their words, words that might have been spoken yesterday; and their problems, their wisdom and their courage are no longer remote facts for which we have only a distant respect; the centuries are rolled away and Man has indeed changed little since Pharaoh sat upon the throne of Egypt.

The pagan splendour of Babylon and the excellence of Noah are seen in their turn, and the story of the chosen people is developed with profound sympathy that implies real understanding, until the decadence of the later prophets drives God to denounce them for ever. The climax is reached when the last true prophet persuades his angry God that the redemption of mankind may yet be accomplished through infinite suffering—and the curtain falls.

The play should offend no one, for throughout there runs a genuine reverence and tender respect for all that the Church holds sacred. It is a masterpiece of genius hard to praise fittingly, for it achieves the great triumph of presenting a complete study of the individual and mass psychology of the negro. Down to the smallest detail the author invariably strikes the ideal note of accuracy and taste; he is an artist with no axe to grind, and with consummate skill he makes us intimate with the point of view of the negro in a single evening.

If it is true that an American audience will not tolerate mediocrity, it is certainly true that on this occasion it was not asked to do so, and no greater tribute could be paid to the production than its reception in New York. Prejudice against the negro, prejudice against dragging sacred subjects upon the stage, these and a hundred other objections were swept away in the flood of enthusiastic appreciation with which the play was greeted. Even the critics were humble.

After all that has been written of the Censorship of the English stage, especially after the pertinent essays of Conrad and of Shaw, one feels that little can be added in way of protest, and that nothing can alter present conditions.

Nevertheless it was with real dismay that I overheard a casual remark at lunch a few days ago—"I see that a play called 'Green Pastures' has been refused a licence in London."

The humility of the British people is their greatest virtue.

H. B.

A CASE OF HORSESHOE KIDNEY.

OF the various renal anomalies horseshoe kidney is one of the most frequent. Statistics taken of a large number of necropsies show an incidence of 1–850 (Carlier and Gérard) or 1–1100 (3), while of 2424 renal operations at the Mayo Clinic between 1910 and 1920, 142 were on horseshoe kidneys (1).

It is interesting to note that though Beyer collected 10 cases in which the patients lived to 60, while several reached three score years and ten, Botez states that of 320 cases he collected 52 were incapacitated as the result of the condition.

Fusion between the lobes is usually at their lower poles, and it would appear that the more complete is the fusion, the more caudal is the organ; thus the completely fused or spherical kidney is found opposite the promontory of the sacrum, while those united only by a fibrous band have their superior poles opposite the second or third lumbar vertebra (1).

The pelves of this type of kidney are usually hydronephrotic, possibly due to the sharp uretero-pelvic angles found in this condition or to the presence of abnormally placed vessels. Judd gives these two conditions also, as the predisposing causes to calculous disease, to which these kidneys are particularly prone. In fact Joly states

that "horseshoe kidneys are more than six times as prone to lithiasis as normal kidneys" (2).

It should also be noted that the pelves are usually situated anteriorly, and are extra-renal in position, while the ureters, which may be more than two in number, pass anteriorly to the isthmus, which lies ventral to the aorta and inferior vena cava.

The following case illustrates many of the above points:

T. N—, æt. 27 years, a crane driver, was admitted on June 19th, 1930, complaining of backache and pain in the left side, which had extended over a period of eight years. The pain would come on in attacks, lasting from a few minutes up to three hours, at the end of which time he might have respite for two to three days. The patient put his thumb in the left renal angle when asked to locate the pain and said it would shoot through to a point about 2 in. below the left costal margin in the mid-clavicular line. He had no typical attack of renal colic, and had never vomited, but stated that the pain was definitely worse if he arched his back, and was eased by gently bending forwards (Rovsing's sign). He had no increased frequency of micturition ($\frac{D}{N}=\frac{4}{0}$), no dysuria, no hæmaturia, no attacks resembling Dietl's crises. He had noticed that the pain was made worse by walking, but not by jolting.

Examination showed him to be a healthy-looking, well-built man, 5 ft. 11 in. in height, weighing 11 st. while nothing abnormal could be discovered in his general examination. He had no tenderness in the renal angles and no tumour could be palpated in his abdomen.

Urine: Sp. gr. 1012; no albumen, blood or casts; reaction acid.

Cystoscopy showed a normal-looking bladder; both ureteric orifices normal, but efflux from right greater than the left. Intravenous indigo-carmine 10 c.c. (0·4%) not seen after twenty minutes (actually was found in urinary specimen collected two hours later). Left ureteric catheter, following injection of atropine gr. $\frac{1}{100}$, passed 3 in. and then stuck. Unfortunately no X-ray plate was taken with the catheter in position.

X-ray examination.—A plain film showed three well-defined circular shadows ½ cm. in diameter, with smooth edges, superimposed upon the lower pole of the left kidney region (Fig. 1). On inspiration the kidney descended so low into the pelvis that the lower border could not be located (Fig. 2).

Intravenous pyelography was then performed, 40 grm. uroselectan in 100 c.c. water being injected, following the technique of Ogier Ward (4). The patient had slight generalized tingling during the injection, but otherwise he experienced no reaction. X-ray after 5 minutes showed good concentration of the dye in the calyces of both kidneys, indicating no delay in renal function. The film (Fig. 3) showed dilated pelves and calyces of both kidneys. In Fig. 4 the outline of the upper end of the right ureter can be seen and is considerably dilated, the head sweeping towards the midline. A shadow can also be observed lying medially to the ureter; this presumably is a dilated calyx, and is of considerable diagnostic importance.

Diagnosis.—Bilateral hydronephrosis. Calculi on left side.

The patient's blood-urea being 39 mgrm. per 100 c.c. blood, the kidney was explored on June 30th, 1930, by Sir Charles Gordon-Watson, under gas, ether and chloroform anæsthesia.

Operation.—The kidney was exposed through a left lumbar incision with resection of the outer two-thirds of the twelfth rib. The condition was suspected when difficulty was experienced in delivering the lower pole of the kidney. The organ was found to be of the horseshoe variety, with fusion of the two lower lobes by renal tissue; the isthmus was traced retro-peritoneally across to the right lobe, which appeared to be of the same size as the left. Both pelves were dilated to twice the normal size, and many abnormally situated vessels were encountered. Two small stones, found in the "lower pole" of the left lobe, one having a convex facet fitting a concavity on the other, weighing 5½ gr. and 4 gr. respectively, were removed by an antero-lateral incision of the renal tissue, while a third stone weighing 14½ gr. was found occupying an upper calyx; this was removed, through an incision into the anterior aspect of the pelves of the kidney.

There appeared to be two ureteric orifices in the left pelvis, down one of which was passed a catheter and methylene-blue injected (recovered in urine passed after operation). The ureter appeared to pass anteriorly to the isthmus of the organ. The incision into the pelvis was easily sutured, while that into the lower pole was closed over by a muscle graft. The wound was closed in layers with drainage. The patient is making a normal recovery.

Discussion.—(1) Fixity of the organ gives rise to difficulty in delivering the kidney at operation, but an incision with resection of the twelfth rib gave excellent exposure in this case. Transperitoneal exposure, as advised by Rovsing, is condemned by most surgeons owing to the risk of soiling the peritoneum (5).

(2) Pre-operative diagnosis might have been made in this case by noting the low level to which both kidney shadows moved on inspiration, coinciding with the low shadows of calculi, and the presence of a shadow lying medially to the ureter in Fig. 4, presumably due to a

FIG. 1.

FIG. 2.

FIG. 3.

FIG. 4.

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distended calyx. The presence of bilateral hydronephrosis, the origin of which is difficult to explain, might have made one suspicious of the condition in the above case.

(3) The value of the use of intravenous pyelography is amply illustrated, especially following the failure to pass a ureteric catheter satisfactorily.

I am greatly indebted to Sir Charles Gordon-Watson for permission to publish notes on this case.

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RONALD C. BENNETT.

EXPERIMENT IN MEDICINE.

By DEMETER.*

A DISTINCTION between "traditional" and "experimental" work in medicine is especially difficult to make, since here both words may be taken in two senses, as they were taken by Mr. T. S. Eliot in an argument on literary criticism which formed the last essay of a book I have previously discussed here.† By traditional medicine we may mean "that which follows the same methods, aims at the same ends, and expresses much the same state of mind as the medicine of the preceding generation." Or we may mean something quite antagonistic, namely, an ideal of medicine "which has a definite theory of the meaning and value of the term 'tradition,' and which may be experimental in reverting to masters who have been forgotten." It is in this light that we may smugly picture the struggling exponents of traditional medicine in the future, and congratulate ourselves that our masters are not so numerous, nor their burial so complete.

And as for "experiment," we may mean the most original work of the present generation, or else the work of those who are officially pushing into new fields of inquiry, or are enlarging the scope of medicine with other kinds of knowledge. To use the term "experimental" in the first sense would be invidious, for it would cover all the published practice of our time which one considers to have such merit as descriptive power, meticulous care, or simply extreme originality. It would not be invidious only; for it would be dignifying with a grand name that fatal habit of collecting rare diseases, or of scoring up fresh combinations of diseases (since most single syndromes have been already redundantly discussed). Such a habit, though a boon to editors in the dry season, is represented quite disproportionately in papers devoted to the practice of medicine. In this line free play appears to be given to everyone of sufficient standing to see medicine through his own temperament, and to force others to see it so in print. At the best our vision is always partial and our judgment prejudiced, and therefore all medicine of this sort is experimental, just as the mode of life of each generation and the muddled and inconsequent reactions of each individual in his every-day life are an experiment.

It is only in Mr. Eliot's second sense, therefore, that it is worth while to talk of experimental medicine; only by considering in what directions to-day useful experimental work is being deliberately attempted that has not been deliberately attempted before. It may be of interest, therefore, briefly to contrast what I call "useful" work with work which, while taking up almost as much periodical paper, has little direct or indirect value.

A study of the literature of our generation shows that while an advance is taking place all along the line, there are at certain salients a collection of men who are working together under a well-known director. Some of these salients are dangerous and may prove untenable, but others have been reinforced and are pushing still further ahead. It is noteworthy that three fields in which the advance has perhaps been greatest have been especially indebted to contemporary physiological research and to applied physics and chemistry. These are neurology, cardiology and endocrinology. The first two received in addition unique assistance from the late war, of which such workers as Head, Gordon Holmes and Riddoch, and Mackenzie and Lewis, took full advantage. If, therapeutically (surgery excepted), neurology is a little behind other branches, that is because these men's work and that of the physiologists Pavlov, Magnus and Adrian has not yet been fully assimilated. In cardiology the advance mainly follows Blumgart and his co-workers in the direction of the circulation rate, or else Dale and Lewis, and Fraser in the matter of peripheral failure and dyspnœa.

The older experimental publications owed their chief value either to accurate clinical description with contained prognosis, or to those technical treatises on research, such as Koch's on methods of staining film preparations or (in 1881) of preparing cultures on solid

* Whose story reflects the decay and revival of vegetation, standing for the seed corn of last year as against the ripe ears of this.

† *St. Bartholomew's Hospital Journal*, May, 1930, xxxvii, 142.

media. This last gave systematic bacteriology an enormous impetus. And now for anyone starting on a line of research there is nearly always a key-paper or perhaps two or three, which will save him weeks of labour. It is probably this type of paper which has most value at the present day, since it tends towards consolidation of each position.

One has but to examine the simple methods employed by our ancestors to establish the pathogeny of a new disease—to contrast Addison's and Gull's papers with the multiplicity of work on psittacosis or the various forms of encephalitis—in order to see that no individual, unless he be the director of a large school of research, can possibly forge more than a single link in the chain. One may proceed by contrasting old and new methods employed to establish the nature of a well-known disease to see what new research must owe to the application of pure science. When, at the beginning of this century, numerous workers set about finding the cause of acute rheumatism, the matter turned entirely on whether organisms isolated from human rheumatism, either after death (a procedure now discredited) or exceptionally during life, would produce arthritis or endocarditis (of whatever type) in rabbits, and if this occurred even sporadically, to lift up the hands with a fervent gesture and say, "Thank God for the discovery of Achalme's bacillus," or "Way for the *Diplococcus rheumaticus* of Poynton and Paine." The lifting up of hands still occurs on every side, and was of great service to the lay press in connection with influenza; but it is part of Demeter's function to think only of last year's seed corn, and await confirmation even of so strenuous and apparently honest a collaboration as that over disseminate sclerosis, of which, however, even the initial C.S.F. findings seem to be difficult of repetition.

It is evident, therefore, that the intending researcher must learn his work as the junior member of a team, and that the team must in its simplest form consist of clinician and pathologist, but in many instances will also require to enrol the physicist and bio-chemist. Sir Arthur Keith recently stressed the multiplication of specialists in the Three Streets of consulting medicine, but there is likely to be nearly as great a multiplication in all works of life and in medical research in particular.

This increase of specialists should be able to provide for the other type of research, done by the skirmishers in general practice. Where a busy man may rely to some extent on specialist advice on those subjects towards which he has no leaning, he will have more time to follow the after-histories of a particular type of patient, so that on the prognosis and treatment of that type he will be a recognized authority. Not by the occasional publication of a rare case nor by an insistence on the known syndromes of established disease will he achieve permanent distinction, but by systematic work like that carried on by James Mackenzie for over twenty-five years at Burnley. No use the excuse of a busy panel or the desire for recreation. You can remember that Mackenzie, in addition to practice and research, "was a first-class golfer, a good chess player, quite useful with a billiard cue, and no mean hand at cards."*

Unfortunately there are three barriers which prevent a good piece of research from receiving wide recognition at once. The first is that people may fail to confirm it because of insufficient attention to the details set out; secondly, if it contains a denial of some popular remedy (such as the vaccine or the gland extract) it will be more or less neglected; and thirdly, it may be snowed under by inferior stuff, as follows.

Happening to glance at a last year's number of the *Journal of the American Medical Association* (one of the most valuable of journals, which, of course, is published weekly) I found besides one very good article to which many people still refer, several more of varying value. In addition it dealt with 57 other journals of different countries, and in all 135 papers were abstracted—an extremely useful method, since a short epitome will soon show that there is no need to delve deeper beneath a high-sounding title. These articles varied in context from one on "Botulism due to Home-Canned String Beans," which has the obvious practical value of the sound advice, (*a*) Don't home-can your string beans, and (*b*) Don't eat them if you *have* absent-mindedly home-canned them, to one which in my poor opinion carries no practical value at all, entitled "Relationship between Healing of Wound and Acid-Base Equilibrium." This is the description of a single case of a man of 52, who had had a large ulcer on his back for fifteen years, but when he got a carcinoma of the œsophagus the ulcer healed in a very short time. These are all the investigations recorded, but inferences follow rapidly: it is known that fasting causes acidosis, therefore this sudden healing was due to the change in acid-base equilibrium; this is amply supported by the fact that Sabouraud made a similar observation, and because, forsooth, pædiatricians report that infants with pyloric stenosis are usually free from infection. Oh, Logic, how art thou served! The last sentence, moreover, shines in radiant ignorance of the fact that the common sequence of pyloric stenosis, as of any prolonged vomiting (as opposed to fasting), is an *alkalosis* sometimes with its attendant manifestations of tetany and convulsions.

This is a flagrant example of one type of "experimental medicine" which describes two conditions (for

* John Hay, *British Medical Journal*, June 7th, 1930, i, 1031.

choice uncommonly associated), and thence proceeds to argue from the particular to the general, stumbling on over false assumptions like a tabetic with no sensations in his feet. The other common type of error is that seen mostly on the therapeutic side, and our author, in contrast, starts in upon an enormously wide field, which does not admit of any thorough experimentation at all. It is exemplified by the following example abstracted in the same paper as follows:

"*Therapeutic value of sulphur.*—B— discusses the different methods of administering sulphur, and its therapeutic value in various diseases. He reviews experiments that were conducted to determine the influence of sulphur on the basal metabolism, the glycogen content of the liver and the carbohydrate metabolism. It was found that in diabetic patients sulphur therapy brings results similar to those of insulin. Sulphur proved valuable likewise in the treatment of exophthalmic goitre. The author also enumerates the therapeutic qualities of sulphur in tuberculosis of the bones, in chronic arthritis and in different forms of dermatitis, such as eczema, furunculosis, acne and psoriasis. One point is stressed particularly, namely, that sulphur gives the best results when it is administered in minute quantities."

This refreshing homœopathy represents the conclusions drawn from work which, if thoroughly carried out, would take a whole team of clinicians and bio-chemists a year or two at a modest reckoning. I am so convinced by it that I am not only recording daily successes from the use of sulphur in diabetes, Graves's disease and the common skin troubles, but am extending its exhibition to cases of pituitary insufficiency and parasitic infections. I hope to publish a long and convincing paper on the subject next week, following which I have arranged to give a series of addresses to the Medical Experimentalist Society of Wigan.

But it is a pity to waste even cheap paper or cheaper wit upon misleading descriptions such as these. Proper experimental methods may be learnt from several papers which have from time to time appeared especially instructive. As a contrast is the well-known contribution by Pulvertaft, of St. Thomas's, on "An Examination of the Pathological Effects of Streptococcal Toxin and Hæmolysin on Rabbits."* This exceedingly well-arranged paper represents three years' work; 37 references are given to previous papers, and the thoroughness of his method may be inferred from the following quotation:

"In the experiments I am about to record the volume injected rarely exceeded 2 c.c." (with large volumes the possibility of non-specific results arises); "controls were invariably used; a standard control was 1·0 c.c. of intravenous antitoxic serum, administered just before injection. No control ever died. Hæmolysis was always absent—a point which is elaborated below. In order to avoid elaborate protocols it may be stated that no statement is made which was not confirmed on at least four rabbits, and that in most a considerably larger number was used. . . ." Then follows a column and a half on technique, an extensive description of the morbid anatomy and clinical effects, and a discussion which makes no assumptions and merely states the significance of the experiments.

Fortunately for medicine a large number of other examples might be given.

Sir Thomas Lewis's much-discussed pronouncement has put the present difficulties in an exceedingly clear manner. "Research is being relegated," he says, "to the laboratories . . . and clinical investigators have been brought by circumstances to become again content with observation, the ancient, traditional method of medicine." Clinical science is defined by the work of Ferrier, Huxley, Mackenzie and Head. "Preparation for success as a consultant and preparation suited to a career of clinical research present irreconcilable and deep-seated differences," one of which is that curative medicine is individual, while progressive medicine is collective. "Diagnostic acumen is the password to the control of material," but this control is not a consecutive one. Self-confidence is a clinical necessity, but diffidence is the hall-mark of successful research. There must, then, be beds, material, and every facility for clinical research under the control of a staff who are not troubled with routine and teaching—all of which, nice in theory, are difficult of fulfilment.

A series of letters subsequently put forward the more obvious criticisms, the most notable, perhaps, being that by Dr. Ryle in the *British Medical Journal* of March 22nd (p. 565).*

* *Lancet*, August 17th, 1929, i, 318–325.

* It was with unusual interest, however, that I read the letter by Dr. Cawadias in the next number; and not entirely because of his learned article, which in the June issue of this journal so demolished Ormuzd that this worthy gentleman was forced to change his name to that of a woman for defence. He was, however, greatly comforted to note that Sir Thomas Lewis was also demolished in terms of Cnidos. He is left with the uncomfortable feeling that in this letter the distinguished writer is arguing not upon what is, but upon what he would like it to be; witness this sentence: "Although we hear very often the reproach that we are mainly concerned with 'placing a label on a patient,' this is far from being the case. If we except certain physicians of the late eighteenth century, like Sauvages and Pinel, and also some physicians of the anatomical school of Vienna of the early nineteenth century, the object of the physician has always been to diagnose and cure individuals and not diseases." He humbly begs to state that whatever happened in any century but the present, it is still possible to see around us an absolute pre-occupation with the desire to label—it all depends where and with what care we look. He cannot help joining battle on this point, although he is very sensible of the honour done him by this leader of Greek medicine, and the well-known exponent of the oscillometric method in endarteritis obliterans, and he is very grateful for his illuminating article of last month.

To conclude, the clinical research worker in the past has been chiefly the practitioner, or what Mr. Eliot would call the "hurried amateur wage-slave"—in future the professional will be necessary here as elsewhere. It being impossible for most men to be professional at both careers, I look to a combination between a clinician and at least one research pathologist working in close conjunction in a large hospital, the first with sufficient knowledge of pathology to know what may be possible and how to marshal the material, and the latter with sufficient clinical knowledge to know the practical significance of each step. The work on streptococci done at this hospital by the Gordon-Andrewes-Horder combination has in this way taken a permanent international place.

The individual may tack and go about, or he may steer a straight course on a single mission, but he too often comes at the end of a hard life of unremunerative toil to the melancholy position delinated in the description of Pascal by Sainte-Beuve (himself originally a doctor):

"He who had it most at heart to know his object, whose ambition was most engaged in seizing it, whose pride was most alert to paint it—how powerless he feels, and how far beneath his task, on the day when, seeing it almost finished and the result obtained, he feels his exaltation sink, feels himself overcome by faintness and inevitable disgust, and perceives in his turn that he, too, is only a fleeting illusion in the midst of the infinite illusory flux!"

LAY VIEWS ON OCULISTS AND OPTICIANS:

AN OPHTHALMOLOGICAL SATIRE.

SOME few weeks ago, feeling more than usually depressed, for we are a sort of ophthalmological Mrs. Gummidge, and "everythink goes contrairy with us," we thought that it would be worth our while to spend an hour at the exhibition of Italian old masters. We had an interesting time, for besides seeing some of the masterpieces of Italian art, we were fortunate in overhearing, Cluppins-like—the voices were very loud and forced themselves upon our ear—an interesting dialogue between two modern examples of the Gorgo and Praxinoe class. Gorgo appeared to have some trouble with her sight, and was explaining to Praxinoe that she was afraid the time had come when she really must see about getting a pair of glasses. She had evidently suggested going to an optician, and Praxinoe was eloquent on the possible dangers of such a proceeding, and was pleading the special virtues of her own oculist.

"But, My dear," said Gorgo, "suppose for a moment that he's one of those men who always find something the matter with one, and says he can't possibly order me glasses until I've had all my teeth out; and that if I don't see my dentist at once I shall probably go blind with a cataract or some other hideous disease. Then he'll probably be a five-guinea man, or at least a three-guinea man, and I find I can get a pair of glasses from an optician for much less than that."

At this moment the pair were joined by Theocritus, who was promptly pressed into the debate. "Well," said Theocritus, "when I want my glasses changed I always go to my optician; he does me very well, and if he can't find a pair of glasses to suit my sight he advises me to see an oculist."

"I should be afraid of doing that, Gorgo, if I were you," said Praxinoe; "for all you know you may be astigmatic. I've a most complicated astigmatism myself; my oculist says so." "That's what they all say," chimed in Theocritus, "and I'm informed that the human eye that is completely non-astigmatic doesn't exist." "No such thing," said Praxinoe; "there's the case of my old friend Colonel Glanders,* who bought a pair of glasses at an optician's, and his doctor, who was treating him for dyspepsia, on hearing of this said it was the most unwise thing he had ever heard of; he advised him to see an oculist, who ordered him a proper pair of glasses and cured his dyspepsia." "Well," said Gorgo, "there may be something in what you say, Praxinoe, and I think that before doing anything more in the matter I shall call at one of the hospitals, say St. Boniface,* and ask to see their eye surgeon. The almoner's department, I understand, don't make any inquiry about your financial position until after the surgeon has seen you, and if I go in my old clothes I dare say that they will let me through. Why not accompany me, Praxinoe, and get your varicose veins seen to?"

At this point we had to leave in order to get to St. Boniface for our afternoon out-patient sitting; on our way we reflected on some of the home truths which we had accidentally overheard, and we may say that Gorgo has not yet attended our Out-Patient Department, nor have we been able to ascertain that Praxinoe has had her veins injected. Possibly the former is taking a course of exercises to make old eyes young enough to see without glasses, which is, we understand, a fashionable proceeding nowadays.

NEMO.

* The names are Thackeray's, but they will serve.

STUDENTS' UNION.

RIFLE CLUB.

The Miniature Range has been closed during the summer and will re-open at the commencement of the October session.

The first open range match was a triangular match shot at Bisley on May 17th against Cambridge University and Count de Salis' team representing India.

The conditions were: Teams of 6 a side, ten shots at 300 and 600 yards' range. The Hospital team, although one of our members shot with difficulty, and was found to be suffering from mumps, showed considerable promise and, although we were thi.d, the margin was gratifyingly narrow considering the strength of our adversaries.

Since then we have won both the Inter-Hospital Cups. The consistency of the scoring has been very satisfactory.

The Armitage Cups, shot for at 200, 500 and 600 yards on three Wednesdays in June, resulted in a win by 13 points with a higher aggregate than has been obtained since the war.

Scores.—St. Bartholomew's Hospital:

	June 4th.	June 11th.	June 25th.
J. Shackleton Bailey	96	97	98
L. P. Jameson Evans	100	97	93
F. T. J. Hobday	95	93	95
K. F. Stephens	92	95	93
B. C. Nicholson (Capt.)	90	92	97
T. H. N. Whitehurst	88	98	86
	561	572	562

Result.—1, St. Bartholomew'sHospital, 1695; 2, London Hospital, 1682; 3, Guy's Hospital, 1585.

The United Hospitals Cup, shot for on July 15th during the N.R.A. meeting, was won by 7 points, after a close fight with the London Hospital, who were the holders.

The team was awarded N.R.A. bronze medals.

Scores:

1. St. Bartholomew's Hospital—

	300 Yds.	500 Yds.	600 Yds.	Total.
J. Shackleton Bailey	35	33	32	100
F. T. J. Hobday	31	33	33	97
L. P. Jameson Evans	30	32	31	93
B. C. Nicholson (Capt.)	30	32	30	92
K. F. Stephens	30	32	29	91
Totals	156	162	155	473

2. London Hospital . 150 . 161 . 155 . 466
3. St. Thomas's Hospital . 149 . 146 . 142 . 437
4. Guy's Hospital . 145 . 146 . 138 . 429

During the United Hospitals Rifle Club Prize Meeting, which was held on June 25th, the following Bart.'s men were prizewinners:

J. Shackleton Bailey . 3rd Aggregate Prize . 131/140.
2nd Prize at 600 yards . 34/35.
F. T. J. Hobday . 1st Prize at 600 yards . 34/35.
B. C. Nicholson . Donegall Badge at 200 yards 46/50.

The Lady Waring Challenge Cup for best aggregate score at 200, 500 and 600 yards was won by J. Shackleton Bailey, and the Benetfink Aggregate Challenge Cup for 300 and 600 yards by F. T. J. Hobday.

J. H.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* UNIVERSITY COLLEGE HOSPITAL.

Second Round Inter-Hospital Cup.

Result: Won by 53 runs.

June 26th, at Winchmore Hill.

U.C.H. had easily beaten a strong London Hospital side in their first round cup-tie, and when they came to play us at Winchmore Hill they had the reputation of being a very good bowling side.

Capper winning the toss, the Hospital batted first on an excellent wicket. The first wicket fell with only two runs scored. Boney and Nunn carried the score to 41 when the latter was caught at wicket off a beautiful ball from Ribiero for 18. By careful batting the total was increased by 35 runs before the next wicket fell, Boney playing a straight ball from Ribiero with his pads after contributing a very useful 35. Capper was next to go, being bowled by Ribiero for 26. The last five wickets fell for 20 runs, the total only reaching 158. Ribiero had bowled very well, taking 7 of the wickets.

Though our opponents batted in a determined fashion their score only reached 105, thanks to good fielding and excellent bowling. Wedd in particular bowled very well and took 5 wickets for 27 runs. Hay-Shunker 3 for 40, Anderson 2 for 16.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

Result: Draw.

June 21st, at Honor Oak.

This friendly fixture resulted in a good game in which the bat most decidedly beat the ball (owing largely to the dead condition of the wicket). The Hospital batted first and scored 223 for the loss of 6 wickets. For this total Boney (56), Capper (52) and Anderson (47 not out) were largely responsible. The innings was then declared closed and Guy's replied by scoring 130 for the loss of 4 wickets.

ST. BARTHOLOMEW'S HOSPITAL *v.* READING UNIVERSITY.

Result: Draw.

June 28th at Winchmore Hill.

Batting first on an excellent wicket the Hospital scored 224 for the loss of 9 wickets before declaring. Gilbert (51), Capper (33), Shackman (29) and Boney (21) all batted well. Our opponents batted in a very unenterprising fashion, and had only scored 130 for the loss of 7 wickets when stumps were drawn.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. GEORGE'S HOSPITAL.

Semi-Final Inter-Hospital Cup.

Result: Won by 88 runs.

July 1st, at Winchmore Hill.

The Hospital, again winning the toss, batted first on a good fast wicket. The full score is given below, and it will be seen that Boney, Wheeler, Gabb and Wedd, who all batted very well, contributed largely to the total of 205.

Our opponents' opening batsmen batted confidently from the start, and had put 60 runs on the board before the first wicket fell. Wedd bowling Allan for an excellent 30. Lewis left immediately afterwards, owing to a splendid one-handed catch by Capper at mid-off. The remainder of the side offered little resistance and the innings totalled 117. Wedd again bowled very well, taking 5 for 19.

ST. BARTHOLOMEW'S HOSPITAL.		ST. GEORGE'S HOSPITAL.	
J. A. Nunn, c Taylor, b Allan	0	E. Allan, b Wedd	30
R. G. Gilbert, c Allan, b Ferguson	9	R. S. Lewis, c Capper, b Wedd	25
A. R. Boney, st, b Lewis	50	F. T. Lutter, b Gabb	0
W. M. Capper, c Lewis, b Ferguson	3	G. K. Taylor, b Gabb	0
G. D. Wedd, c Ferguson, b Taylor	30	V. H. Riddell, b Gabb	7
F. E. Wheeler, lbw, b Taylor	50	C. J. King-Turner, c Nunn, b Wedd	1
W. H. Gabb, b Taylor	41	H. R. Ferguson, b Anderson	18
I. N. Fulton, c Tucker, b Ferguson	0	W. E. Tucker, b Anderson	0
J. D. Anderson, c. wkt, b Ferguson	0	C. P. Bailey, not out	1
J. E. A. O'Connell, b Ferguson	1	C. Gibson, b Wedd	24
C. L. Hay-Shunker, not out	0	R. Buxton, lbw, b, Wedd	1
Extras (byes 17, leg-byes 3, no-balls 1)	21	Extras (byes 10)	10
Total	205	Total	117

ST. BARTHOLOMEW'S HOSPITAL *v.* UNIVERSITY COLLEGE, LONDON.

July 2nd, at Perivale.

A weak Hospital side had every reason to feel satisfied with the result of this game.

Losing the toss for once they had a long hot day in the field while 273 runs were scored against them for the loss of 8 wickets. Hay-Shunker bowled well and took 5 wickets for 97 runs.

Given just over two hours in which to score these runs—an impossible task—the Hospital succeeded in making the result a draw. Gabb 39 and Hay-Shunker 23 batted well, but chief credit must go to Kirkwood, who, going in at the fall of the second wicket, was undefeated at the close with a score of 34. The final score was 125 for 7.

It will be seen that the good form shown earlier in the season is being maintained, and there is every reason to hope that we may emerge successful from our encounter with St. Thomas's Hospital in the final of the Cricket Cup. A full description of this game, together with notes on the other games which remain to be played, will appear in the September number of the JOURNAL.

J. E. A. O'C.

ST. BARTHOLOMEW'S HOSPITAL 2ND XI v. LONDON HOSPITAL 2ND XI.

Second Round Junior Cup.

This most exciting game was played at Winchmore Hill on Monday, June 23rd. London started batting with wind and slight drizzle handicapping the bowlers. However, they lost 2 wickets for 14, and should soon have lost another, T. L. Nicholas being missed at slip when 9. Profiting by this lapse he compiled 74 runs, including two fine 6's. Only Disney (21) and Snipper (10) besides him reached double figures. The innings closed for 147. R. N. Williams (4 wickets for 34) bowled very well, dismissing two batsmen with consecutive balls. Mundy (2 for 46) was out of luck, and Taylor (2 for 27) sent down some very good balls. The fielding was very disappointing, with the exceptions of J. B. Bamford, who kept wicket magnificently, catching 2 and stumping 2, and of Dransfield, whose work at point was very sound. Bart.'s started batting quite well, but not well enough in face of the London total, and certain of the earlier batsmen might well have exercised more care. Scoring was brisk, however, and with G. A. Y. Parker (35) and J. B. Bamford (10) together, 80 for 4 looked good enough. Disney, however, bowled them both with good balls, to make the score 105 for 6. C. M. Dransfield (17) hit well, while R. Mundy (13 not out) looked immovable. Fourteen runs were needed when the eighth wicket fell; 6 runs were needed when the ninth wicket fell. To A. T. Blair fell the unenviable job of going in at this juncture, and the score crept up to 145. At this point, however, Hardy bowled Blair, and London had won by 2 runs.

M. E. Disney (5 wickets for 33) bowled very well for the winners.

Team: J. R. R. Jenkins, J. T. C. Taylor, G. A. Y. Parker, J. B. Bamford, R. Mundy, G. V. H. Wade, R. N. Williams, C. M. Dransfield, R. M. Kirkwood, D. M. Dean and A. T. Blair.

J. R. R. JENKINS.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I trust opportunity will be given to old Bart.'s men, on the occasion of the retirement of the Dean, of recording in some permanent form their appreciation of Dr. Shore's work for the Medical College and its students.

The good wishes you express will be fervently echoed by every reader.

I am, Sir,
Yours etc.,
A. H. KYNASTON.

Boston, Lincs;
July 18th, 1930.

DIAGNOSIS MADE EASY.

"DEAR SIR,—I thought it best to describe by letter and then see you tomorrow, over a week ago my tongue felt as though I had drank alum water I have had no hot stuff or meat for a week but it is no different and now although it is normal yet when I eat my meals it is the colour of liver as the old man that lived here died of Cancer I am wonder what is wrong, the boards are worm eaten although it is not an old house although I have decayed teeth they are the same as usual either it is something in the food or else something carried through the air it seems worse when the wind is in the south and the back door is open I have noticed that the flies are few and they do not live long which makes me think it is in the air and yet my meals seem to change the colour of my tongue though not hot—I have had only cheese butter biscuits bread and marmalade and lemonade this last week—I cannot account for it my eyesight has not got worse since I called but I am forced to wear glasses. I have been wondering if there is a chemical factory in the district but I will leave the matter till tomorrow it may help you to diagnose excuse scribble yours truly. ————"

REVIEWS.

VARICOSE VEINS, HÆMORRHOIDS AND VARICOCELE, AND THEIR TREATMENT BY INJECTION. By RONALD THORNHILL, M.B., Ch.B. Second edition. (London: Baillière, Tindall & Cox, 1930.) Pp. xiv + 112. Price 5*s*.

The author of this little book, which has reached a second edition, appears to have had a longer experience of the methods he describes than have some others whose work has appeared in print during the last two years. The insistence on practical points and the clear descriptions of technique have, no doubt, ensured the book's popularity.

In this new edition the short accounts of cases have been omitted and replaced by some columns of "Dont's" after each subject—thus adding to the practical value of the work.

The writer is an advocate of the "empty vein" method of injecting varicose veins in the leg. The results gained by this method seem to be well worth the little extra care and trouble required, in that the thrombosis after each injection is more certain and more extensive, and the course of treatment thereby shortened.

In addition to describing good methods of injecting veins in the lower limb and the "pile-bearing area," he explains his injection treatment of varicoceles and hydroceles, and it would seem that they are worthier of a wider trial than they have yet received.

Altogether this is a very sound work, and can be recommended to any medical man about to embark on this comparatively new branch of healing.

A SHORT PRACTICE OF MIDWIFERY. By HENRY JELLETT, M.D., F.R.C.P.I. Tenth edition. (London: J. & A. Churchill, 1930.) Pp. xv + 662. Illustrated. Price 18*s*.

The appearance of a tenth edition of Dr. Jellett's well-known work will be universally welcomed, as it has a great reputation as an elementary text-book of midwifery. The new edition has been considerably enlarged, with the addition of new illustrations. There are very excellent sections on the practical treatment of eclampsia and antepartum hæmorrhage, and the use of ecbolic drugs during labour. The author's well-known views on pubiotomy and symphysiotomy, although not universally accepted, are well described and of interest. "Meddlesome midwifery" is forcibly and justly condemned. The standard of the print and diagrams remains high, and with the lucid way in which Dr. Jellett writes, the present edition can very well be recommended as one of the best elementary text-books of midwifery in the English tongue.

MODERN TREATMENT OF DISEASES OF THE THROAT, NOSE AND EAR. By H. LAWSON WHALE, M.D., F.R.C.S. (The Modern Treatment Series.) (London: Jonathan Cape, 1930.) Price 5*s*.

In these days of an intelligent and critical public it is necessary for the doctor to be conversant with every new form of treatment of real worth. The author of this book has surveyed many aspects of modern therapy in ear, nose and throat diseases with success. The condensation of such a subject into the space of 188 pages is no easy task. The book is well arranged, and at the end of each section a useful bibliography is given. The author discusses the merits and demerits of many new procedures, and is not afraid to state candidly his opinion—for example in the condemnation of diathermy for tonsillectomy. A useful summary of the treatment of malignant disease of the larynx is given, with the opinion that the knife is the most useful method at present. The emancipation of surgery from the fetters of anatomy, so marked a feature of modern times, is illustrated in laryngectomy. Emphasis is laid on the wisdom in the early performance of myringotomy and the Schwartze operation when indicated. Irrigation of the intrathecal space in

meningitis marks a new epoch in the treatment of this dread disease. The book can be recommended to all who wish a knowledge of modern treatment in this branch of surgery.

NASAL CATARRH. By W. STUART-LOW, F.R.C.S.(Eng.). (London: H. K. Lewis & Co., Ltd., 1930.) Pp. x + 84. Illustrated. Price 5*s*.

Although the poet Milton was familiar with "fierce catarrhs," the aetiology and pathology of nasal catarrh has until recently remained obscure. The author of this book deals with this important subject. The importance of the history and complete examination of the patient, together with a careful inspection of the handkerchief—which is often overlooked—are stressed. Nasal polypi and sinusitis are stated to be the commonest ætiological factors. The author is to be congratulated on the appeal for the conservation of the mucous membrane in all intra-nasal operations. The various surgical procedures for the removal of intra-nasal obstructions are discussed in detail. Sacrificial surgery of the turbinate bones is deprecated. The book shows clearly that many types of nasal catarrh are curable and need not be endured, thus striking at the foundations of popular belief to the contrary.

THE CONJOINT FINALS. Being a Reproduction of all the Questions set in Medicine, Surgery and Midwifery from 1911 to 1929, classified under the various systems and arranged in the date-order of their occurrence. By GERALD N. BEESTON, M.R.C.S., L.R.C.P. (London: John Bale, Sons & Danielsson, Ltd., 1930.) Pp. vi + 135. Price 6*s*. net.

While the present examination system persists, the student, however conscientious and painstaking, must pursue his studies with one eye on the requirements of his examiners. These inquisitors are not satisfied by one question superbly answered. It is therefore of great advantage to know what sort of questions they are in the habit of asking. This little book should prove invaluable to the less well-informed amongst us, and is by no means to be despised by even the brightest and best.

A COURSE IN PHYSICS FOR MEDICAL AND DENTAL STUDENTS. By R. ABLETT, M.Sc. (Humphrey Milford, Oxford Medical Publications, 1930.) Pp. xviii + 249. Price 8*s*. 6*d*. net.

The author attempts to produce a book which is specially suited to the requirements of medical students studying physics. Thus in a very novel manner the subject is developed with reference to medical applications of physical principles, a school-leaving certificate standard in physics being assumed. Thus, for example, the sphygmomanometer, animal calorimeter, string galvanometer as used in electrocardiographs, electric baths, electro-cautery and X-ray dosage are all illustrated and find some mention in the book, while sound and magnetism do not find a place. The exposition is always clear and the diagrams are both accurate and lucid. We commend it to all interested in medical physics.

Admirable as this course may be, however, the utility of the present work depends upon the physics with which the student is acquainted upon taking up the course. In the reviewer's experience over 20% of the students entering a medical college have no previous knowledge of the subject, while only about 30% have attained the school-leaving certificate standard. That this varying knowledge is a serious handicap to the teaching of medical physics is true, but under existing conditions it renders such a course as the author proposes very difficult. Moreover the actual treatment of the subject will not meet the pre-medical examination syllabus of London University. Here again it is generally admitted that reform is necessary, but meanwhile only the groundwork leading to an approximate Intermediate standard can be pursued.

We are surprised at the lack of mention of levers and their applications in anatomy, while the treatment of colloids appears to be inadequate. There appears to be some confusion between specific heat and thermal capacity on p. 72, and the brief treatment of the therapeutic use of radon, where not inaccurate, is misleading.

A MANUAL OF PHYSICS. By J. CROWTHER, Sc.D. Third edition, revised. (Humphrey Milford, Oxford University Press, 1930.) Pp. xxii + 561. Price 14*s*. net.

The third edition of this excellent text-book appears eleven years after the first impression. Numerous additions have been made in properties of matter, sound and voltaic electricity, and several diagrams have been substituted. The treatment of the subject is always upon accepted physical lines and the exposition is lucid.

As a text-book for medical students, however, it falls short of that desired. Medical illustrations and applications of physical principles are missing in the text. Such important subjects as osmotic pressure, colloids and radio-activity find no mention, while the filter pump and Ostwald's viscometer are not described. The diagram illustrating the Bunsen's ice calorimeter appears to be incorrect.

The book is an admirable introduction to a study of physics.

SLIT-LAMP MICROSCOPY OF THE LIVING EYE. By Dr. F. ED. KOBY (Basle). Translated by CHARLES GOULDEN, O.B.E., F.R.C.S., and CLARA LOMAS HARRIS, M.B. Second edition. (London: J. & A. Churchill, 1930.) Pp. xvi + 360. 104 illustrations. Price 15*s*.

Dr. Koby gave us the first edition of his work after six years' practical experience with the slit-lamp. The second edition now appears, five years later, and in it is embodied much that is quite new. Gullstrand presented the world with the first slit-lamp at the Congress of Heidelberg in 1911, and since this date the apparatus, technique and knowledge gained by its employment have advanced steadily and swiftly. The present edition is a formidable work. Its highly technical matter requires of its reader a conversant knowledge of general ophthalmology and an enthusiasm for the task in hand.

The first three chapters deal with the apparatus, technique and theory. The remaining chapters, considering separately the various structures of the eye, are each divided into five headings, viz. special technique, the normal, senile modification, traumatic lesions and pathological changes. The bibliography now contains nearly 600 references. The illustrations, mostly diagrammatic, are Dr. Koby's own. Mr. Goulden and Mrs. Harris have again filled the breach as translators, and have again accomplished that difficult task in the most admirable way. Both have worked under Dr. Koby and have had the benefit of his co-operation.

THE ACTION OF MUSCLES. By Sir COLIN MACKENZIE, M.D., F.R.C.S., F.R.S.(Edin.). Second edition. Pp. xvi + 288. 100 illustrations. Price 12*s*. 6*d*.

The surgeon as well as the anatomist will find much that is of use to him in this book, for it is written by one who has put his anatomical knowledge to practical use in treating injuries of muscles and nerves.

The body is considered regionally; and in the different regions the muscles are described and their attachments given simply and not in the minute detail beloved by some anatomists. This is followed by a description of the actions of the muscles and groups of muscles. Chapters are devoted also to paralysis of the main nerves of the extremities with the effect on the muscles; and these contain most useful sections on the anatomical positions of rest in the different paralyses, all of which are well illustrated. Methods of re-education of muscles are very fully described and illustrated also.

The interest in the book is enhanced by the inclusion of a certain amount of comparative anatomy, and also by reference to clinical cases where there was some special interest in the distribution of the paralysis or the way in which it recovered. The author believes that the interossei of the index and middle fingers have branches from the median as well as the ulnar nerve.

The section on the erect posture, which is new in this edition, includes a considerable amount of comparative anatomy, as does also the section on the muscles of respiration.

This book can be recommended to those interested in orthopædic surgery and the re-education of muscles, as being a practical book based on sound anatomy and experience gained from contact with patients.

THE MYCOSES OF THE SPLEEN. By ALEXANDER GEORGE GIBSON, M.D., F.R.C.P. (London: Kegan, Paul, Trench, Trübner & Co., 1930.) Pp. xii + 169. Illustrated. Price 12*s*. 6*d*.

In 1913 Dr. Gibson first put forward the suggestion that certain forms of splenomegaly, namely, splenic anæmia, acholuric jaundice, and Banti's disease, were caused by a streptothrix. Splenic enlargement occurs in a variety of conditions. Among these are the enteric fevers, tuberculosis, malaria and kala-azar. On first principles, it seemed likely that these other types would fall into the same category, *i. e.* the inflammatory or infectious group.

In an attempt to prove this hypothesis, this book has been written. Dr. Gibson has demonstrated in many cases of splenomegaly resulting from these conditions pigmented nodules scattered throughout the splenic pulp. These are termed Gandy-Gamna bodies, and are considered to be only explicable by a mycelial origin.

In some seven cases positive cultures of a mycelium from splenic substance were obtained. It is noteworthy, however, that some of these were only demonstrable after some months, and it is well known that cultures made from the spleen at post-mortem or when removed at operation often produce a variety of organisms of different kinds. In France M. Nata has come to an independent conclusion that the organism responsible for these diseases is of the aspergillus group, and therefore also a mycotic cause.

On the other hand, the Mayo Clinic have been unable to confirm these findings. Working on as many as eighty spleens which had been removed at operation, they were unable to obtain a positive culture in any case. Another criticism which has been advanced is that what are termed mycelial threads in the Gandy-Gamna bodies are really tissue fibres which have become altered by the absorption of iron pigment from old hæmorrhage.

The proposition of a streptothrix being the causal origin of these diseases is presented in a fair manner. One cannot help feeling, when reading the book, that the thesis is as yet unproven. More confirmatory work will be required before this conception can gain general acceptance.

The illustrations are good, and the book is well produced and printed.

MANUAL OF PHYSIOLOGY. By H. WILLOUGHBY LYLE, M.D., B.S., F.R.C.S., and DAVID DE SOUZA, M.D., D.Sc., F.R.C.P. (Oxford Medical Publications, 1930.) Pp. xvi + 820. Third edition. Price 16*s*.

This book has been carefully revised, and now forms a concise and very readable text-book of physiology and biochemistry. The sections which will be found most useful are those dealing with the cardio-vascular and nervous systems and the special sense-organs. With regard to the remaining sections, although the main facts of physiology are succinctly stated, recent work has not been included.

As an example the discussion on the origin of urea ignores the recent conclusive experiments of Mann and Magath on the total extirpation of the liver in the dog.

To the student of medicine, the section on the endocrine glands will appear regrettably brief. The arrangement of the book is good, but the standard of illustrations is poor.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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OSLER: *Æquanimitas*. Second edition.
ROLLESTON: *Life of Sir Clifford Allbutt*.
ROLLESTON and MCNEE: *Diseases of the Liver, Gall-Bladder and Bile-Ducts*. Third edition.
SMITH: *A Short History of the Royal Army Medical Corps*.
SPENCER: *The History of British Midwifery from 1650 to 1800*.
STUART-LOW: *The Care of the Nose, Throat and Ear*. Second edition.
——— *Nasal Catarrh*.
TWEEDY: *Practical Obstetrics*. Sixth edition.
WALKER: *Male Disorders of Sex*.

CHANGES OF ADDRESS.

BELL, Surg.-Capt. K. DIGBY, R.N., Avenue Cottage, The Avenue, Alverstoke, Hants.
BOURNE, W. A., 47, Exeter Road, Exmouth, Devon.
BRIGG, D. A., Chipping Norton, Oxon.
BROCKLEHURST, R. J., 7, Rylestone Grove, Stoke Bishop, Bristol.
CARDELL, E. S., "Court," Cullompton, Devon.
DALE, W. C., "Barngleish," Rowley Green Road, Arkley, Barnet, Herts.
DONELAN, C. J., Bruntsfield, 51, Lowick Road, Wealdstone, Harrow.
GORDON, F. J., 42, Cumberland Mansions, Bryanston Square, W. (Tel. Ambassador 1322.)
MACVICKER, G. C. C., Holt, Kingskerswell, S. Devon.
MAXWELL, J. P., Union Medical College, Peiping, North China.
PALMER, C. SPENCER, 3, Bay Fort Mansions, Warren Road, Torquay.
ROLES, F. C., 61, Springfield Road, St. John's Wood, N.W. 8. (Tel. Maida Vale 4346.)
SHEARS, W., Somerton, 29, Bromley Road, Catford, S.E. 6. (Tel. Lee Green 1515.)
SMITH, N. F., 34, Chepstow Place, W. 2. (Tel. Park 4848.)
SPENCE, A. W., 191, Cromwell Road, S.W. 5. (Tel. Frobisher 2044.)
STARKEY, Squadron-Leader H. S. CRICHTON, R.A.F.M.S., Hazelhurst, Pangbourne, Berks.
THOMPSON, A., "Caledon," Royal Crescent, Brighton. (Tel. Brighton 1053.)

APPOINTMENTS.

GORDON, F. J., B.Ch.(Cantab.), appointed Honorary Assistant Anæsthetist to the Royal Dental Hospital, Leicester Square, W.
GOSSE, P. H. G., M.D.(Durham), appointed Senior Medical Officer, The Radium Institute, Portland Place, W. 1.
GREY, H. MARTIN, M.R.C.S., L.R.C.P., appointed Honorary Radiologist to Hertford County Hospital.
HARDWICK, S. W., M.B., B.S.(Lond.), appointed House Physician to Bolingbroke Hospital, S.W. 11.

BIRTHS.

ANDREWES.—On July 6th, 1930, at 54, Brent Way, Finchley, N. 3, to Kathleen, wife of C. H. Andrewes, M.D.—twin sons (Michael and David).
GOUGH.—On June 27th, 1930, at Thorneycroft, Weaver Road, Northwich, to Kathleen, wife of E. P. Gough—a daughter.
HADFIELD.—On July 12th, 1930, at Cranleigh, The Drive, Rickmansworth, to Prof. and Mrs. Geoffrey Hadfield—a son.
SHARP.—On June 25th, 1930, at 27, Welbeck Street, to Helen (*née* Robertson), wife of Dr. B. Buckley Sharp—a son.

MARRIAGES.

ALSOP—SHAW.—On July 22nd, 1930, at the Cathedral Church of Christ, Oxford, by the Rt. Rev. Bishop Shaw, Archdeacon of Oxford, Aubrey Frederick, only son of the late Mr. F. W. Alsop and Mrs. Alsop, of 148, Finchley Road, London, to Margaret, third daughter of Bishop and Mrs. Shaw, of Christchurch, Oxford.
FISHER—LARGE.—On June 23rd, 1930, at St. Bartholomew-the-Great, by Canon E. S. Savage, Rector, Surg.-Lieut. Hubert Holdrich Fisher, Royal Naval Hospital, Chatham, to Barbara Christabel, only daughter of Mrs. Winefrede Large, 25, The Avenue, W. 4.
GRAY—BAKER.—On June 25th, 1930, at St. Bartholomew's Church, Edgbaston, Birmingham, Dr. John Talbot Gray, of "Little Haven," Ealing, son of the late Dr. J. A. Gray and Mrs. Gray, of Wychnour Cottage, Battle, Sussex, to Doris Irene, daughter of Mr. and Mrs. Clement H. Baker, of 230, Bristol Road, Edgbaston, Birmingham.
GREGSON WILLIAMS—THWAITES.—On Thursday, July 17th, 1930, at the Parish Church, Aspenden, by the Rev. J. Poole, assisted by the Rev. H. J. Oliver and the Rev. L. A. Ewart, Dr. A. Gregson Williams to Marjorie Patience, eldest daughter of Mr. and Mrs. J. K. Thwaites, of Aspenden Lodge, Buntingford.
MCNAIR—BUIST.—On July 4th, 1930, at All Souls', Langham Place, Arthur James McNair, F.R.C.S., son of Mrs. McNair and of the late John McNair, of Lloyd's, to Grace Mary Buist, daughter of Mrs. Buist, and of the late Major Buist, and granddaughter of the late Major-General Buist.
MACVICKER—BUTTERY.—On June 28th, 1930, at St. James's, Piccadilly, by the Rev. H. E. Wynn, Dean of Pembroke College, Cambridge, assisted by the Vicar, the Rev. Archdeacon Lambert, George Colin Churchill MacVicker, B.A., M.R.C.S., L.R.C.P., youngest son of the late Dr. MacVicker, J.P., and Mrs. MacVicker, Street, Somerset, to Joan Eleanor, second daughter of the late Mr. and Mrs. Ayerst H. Buttery, of Hampstead.
PEARCE—ILLINGWORTH.—On June 11th, 1930, at the Church of Saint James, Blackburn, by the Rev. H. Johnson, Vicar of the Parish, assisted by the Rev. Richard D. Pughe, rector of Burbage, Leicestershire, Cyril Morgan, only son of Mr. and Mrs. Alfred Pearce, of Blackheath, London, to Mary, youngest daughter of Mr. and Mrs. Walter Illingworth, of Blackburn, Lancashire.
SPENCE—HUTCHISON.—On July 15th, 1930, at St. Columba's Church, Pont Street, by the Rev. Archibald Fleming, D.D., Allan William Spence, M.A., M.B., M.R.C.P., to Martha Lena Hutchison, of Brentwood, Essex.
WHITE—TAIT.—On July 19th, 1930, at the Church of St. Bartholomew-the-Great, Dr. Herbert Oakley White, of Southampton, the son of Mr. and Mrs. Herbert White, of Sheffield, to Alice Frances Sabine, youngest daughter of Dr. and Mrs. Edward Sabine Tait, of 60, Highbury Park.

DEATHS.

BEATTY.—On June 19th, 1930, at 26, Bessborough Road, Harrow-on-the-Hill, Joseph Bensley Higginson Beatty, M.R.C.S.E., L.R.C.P.E., the eldest son of the late Colonel Joseph Beatty, R.E., and grandson of the late General Francis Young, aged 69.
BUTT.—On June 30th, 1930, at a London nursing home, Harold Thomas Hayward Butt, M.D.(Cantab.), of Randfontein, South Africa, aged 46.
MIDELTON.—On July 16th, 1930, suddenly, Dr. W. J. Midelton, L.R.C.P.(Lond.), M.R.C.S.(Eng.), L.S.A., of 12, Charminster Road, Bournemouth, aged 67.
NIALL.—On July 23rd, 1930, Eugene Michael Niall, M.D., of 15, Arlington Street, Piccadilly, S.W.
ROBERTS.—On July 15th, 1930, suddenly, at Saxlingham, Arthur H. Roberts, M.R.C.S., L.R.C.P., of West Malling, aged 70.
SMITH.—On July 13th, 1930, after a long illness, at Lyncroft, Otford, Kent, Lt.-Col. Sydney Browning Smith, C.M.G., I.M.S.
TWORT.—On July 20th, 1930, at Hurstwood, Camberley, Surrey, Dr. William Henry Twort, aged 81.
WILLIAMS.—On July 15th, 1930, at 36, Spilman Street, Carmarthen, Dr. Edward Richard Williams, M.B.E., aged 70.
WOOD.—On July 19th, 1930, at Lodore, Chelston, Torquay, Thomas Outterson Wood, M.D., second son of Thomas Outterson Wood, of Rainton, Durham, aged 87.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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